| | | fornia EXPENSE®C | _AIM | Traveler ID | Unit Code | struction | s and *Pri | vacy State | ement on F = | Rever | se Side | | K Trip? | | |
|---|-------------|--|------------------------|---------------------|----------------|--------------|--------------------------------------|--|--------------------------|--------------|--------------------------------------|-------------------------------------|-----------------------------|---------------------|----------------------------|
| STD. 262 (REV. 10/92) | | | 2 | | | | | | | age | of | Pages | | | |
| CLAIMANT'S NAME File cal Year Karen Baker 2008-2009 | | | | | 2008TEC1664 | | | SSN OR EMPLOYEE NUMBER* | | | | | ARTMENT PR | | |
| POSITIO | OSITION | | | | | NO.: | | DIVISION OF RUPEAU California Volunteers | | | | | | PCA# | 7044 |
| Executive Director RESIDENCE ADDRESS* | | | | | I EXEMPT | | | HEADQUARTERS ADDRESS 1110 K Street Suite 210 | | | | | · · · · · | TELEPHONE NUMBER | |
| | | | | STATE | | IP CODE | 111 | UK Stre | et Suite | 210 | | | STATE | 916-32 | 3-7646 ZIP CODE |
| Sacr | ament | to and the second | o 20,400. | CA | | 864 | 1 | ramento |) | | | | CA | 958 | 14 |
| I) MONTH/YEAR (3) | | | (4) | (5) | MEALS | | | | | ANSPORTATION | | | (8) | (9) | |
| Apr 2 | 009 TIME | LOCAT WHERE EXF WERE INC | ION PENSES URRED | LODGING | BREAK- FAST | LUNCH_ | O.T.,L/T, N/C, RELO. OR DINNER | INCIDENT- TALS | (A) COST OF TRANS. | TYPE USEC | (C) CARFARE, TOLLS, PARKING | PRIVAT MILES | (D) TE CAR USE AMOUNT | BUSINESS EXPENSE | TOTAL EXPENSE FOR DA |
| | 0545 | Sacramento/S | SF/OC | \$94.75 | \$6.00 | | \$18.00 | | | | | 15 | \$8.25 | | \$127.0 |
| 4/08 | | OC/San Dieg | o/LA | \$125.49 | | | \$18.00 | | | | | | \$0.00 | | \$143.4 |
| 4/09 | | LA/San Diego |) | | \$6.00 | | \$18.00 | | | | | | \$0.00 | | \$24.0 |
| 4/10 | 1815 | San Diego/Sa | ic . | | \$6.00 | | | | | | | 15 | \$8.25 | | \$14.2 |
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| 0) | SUBT | OTALS | | \$220.24 | \$18.00 | | \$54.00 | | | | | ? | 16.5 | | \$308.7 |
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| 1) PUR | POSE OF | TRIP, REMARKS AND D | ETAILS (Attach | n receipts/vouchers | s when require | d) | | | | | | (12) | NORMAL MO | DK HUI IDA | |
| | - | e at Disaster Co | | | | | | 01 | | | | (13) PRIVATE VEHICLE LICENSE NUMBER | | | |
| 4/8Spoke at Survive and Thrive Conference Tour 2009- PCA 11200 4/8Spoke at Regional Workforce Practitioner's Conference- PCA 11200 | | | | | | | | | | | | 4ybd289 (14) MILEAGE RATE CLAIMED | | | |
| | | e at Survive and e at Disaster Co | | | | | | 01 | | | | agency ageounting of fice | | | |
| | | | | | | | | | | | | PAID BY REVOLVING FUND CHECK NUMBER | | | |
| HEREB' | Y CERTIFY | Y That the above is a true icle was used, and if mile nave met the requirement | statement of the | ne travel expenses | incurred by m | e in accorda | nce with DPA | rules in the so | ervice of the St | ate of C | California. If | | | \$0 | <i>.</i> 55 |
| | , | IGNATURE | s as prescribed | by SAM Sections | DATE /1 / | 132, 9/53, a | (16) SIG | NATURE OF | | | usage. | L AND P | AYMENT | DATE 0 | 1.0% |
| | | MOVIE | | | | | | MA | | | | | | | |